



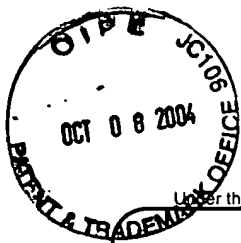
IFW

First Named Inventor	Eric J. Erfourth	GENERAL TRANSMITTAL FORM UNDER 37 CFR 1.8 (SMALL ENTITY)
Serial No.	10/672,313	
Filing Date	September 26, 2003	
Group Art Unit	Unknown	
Examiner Name	Unknown	
Confirmation No.	8398	
Attorney Docket No.	338.001US01	
Title: GENERATOR		

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Enclosures				
The following documents are enclosed: <input checked="" type="checkbox"/> Revocation of Power of Attorney with new Power of Attorney and Change of Correspondence Address (Form PTO/SB/82) (1 pg.); <input checked="" type="checkbox"/> An itemized return-receipt postcard Leffert Jay & Polglaze, P.A. P.O. Box 581009 Minneapolis, MN 55458-1009 T - 612/312-2200 F - 612/312-2250 Please charge any additional fees or credit any overpayments to Deposit Account No. 501373. CUSTOMER NO. 27073				
Submitted By				
Name	Christopher J. McLaughlin	Reg. No.	42,869	
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Signature			Date	10/14/04
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Name	Charlene M Burt	Signature		

(SMALL ENTITY TRANSMITTAL UNDER 37 CFR § 1.8)



PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/672,313
Filing Date	September 26, 2003
First Named Inventor	Eric J. Erfourth
Art Unit	2834
Examiner Name	D. Scheuermann
Attorney Docket Number	338.001US01

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

27073

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Eric J. Erfourth		
Signature			
Date	09/28/2004	Telephone	612-312-2215

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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